

TennCare Companion Guide

**837 Health Care Claim : Institutional
V5010X223A2**

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Author:	Edifecs, Inc.
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Trading Partner:	Fee For Service Partner
Notes:	

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837

Health Care Claim: Institutional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required

LOOP ID - 1000A					1	N1/0200L	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required

LOOP ID - 1000B					1	N1/0200L	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					≥1		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational

LOOP ID - 2010AA					1	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0400	PER	Billing Provider Contact Information	O	2			Situational

LOOP ID - 2010AB					1	N2/0150L	
0150	NM1	Pay-to Address Name	O	1		N2/0150	Situational

0250	N3	Pay-To Address - ADDRESS	O	1		Required
0300	N4	Pay-to Address City, State, ZIP Code	O	1		Required
LOOP ID - 2010AC				<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Pay-To Plan Name	O	1	N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1		Required
0300	N4	Pay-To Plan City/State/Zip Code	O	1		Required
0350	REF	Pay-To Plan Secondary Identification	O	1		Situational
0350	REF	Pay-To Tax Identification Number	O	1		Required
LOOP ID - 2000B				<u>≥1</u>		
0010	HL	Subscriber Hierarchical Level	M	1		Required
0050	SBR	Subscriber Information	O	1		Required
LOOP ID - 2010BA				<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Subscriber Name	O	1	N2/0150	Required
0250	N3	Subscriber Address	O	1		Situational
0300	N4	Subscriber City, State, ZIP Code	O	1		Situational
0320	DMG	Subscriber Demographic Information	O	1		Situational
0350	REF	Subscriber Secondary Identification	O	1		Situational
0350	REF	Property and Casualty Claim Number	O	1		Situational
LOOP ID - 2010BB				<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Payer Name	O	1	N2/0150	Required
0250	N3	Payer Address	O	1		Situational
0300	N4	Payer City, State, ZIP Code	O	1		Situational
0350	REF	Payer Secondary Identification	O	3		Situational
0350	REF	Billing Provider Secondary Identification	O	1		Situational
LOOP ID - 2300				<u>100</u>		
1300	CLM	Claim information	O	1		Situational
1350	DTP	Discharge Hour	O	1		Situational
1350	DTP	Statement Dates	O	1		Required
1350	DTP	Admission Date/Hour	O	1		Situational
1350	DTP	Date - Repricer Received Date	O	1		Situational
1400	CL1	Institutional Claim Code	O	1		Required
1550	PWK	Claim Supplemental Information	O	10		Situational
1600	CN1	Contract Information	O	1		Situational
1750	AMT	Patient Estimated Amount Due	O	1		Situational
1800	REF	Service Authorization Exception Code	O	1		Situational
1800	REF	Referral Number	O	1		Situational
1800	REF	Prior Authorization	O	1		Situational
1800	REF	Payer Claim Control Number	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational
1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Investigational Device Exemption Number	O	5		Situational

1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1800	REF	Auto Accident State	O	1		Situational
1800	REF	Medical Record Number	O	1		Situational
1800	REF	Demonstration Project Identifier	O	1		Situational
1800	REF	Peer Review Organization (PRO) Approval Number	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	10		Situational
1900	NTE	Billing Note	O	1		Situational
2200	CRC	EPSDT Referral	O	1		Situational
2310	HI	Principal Diagnosis	O	1		Required
2310	HI	Admitting Diagnosis	O	1		Situational
2310	HI	Patient's Reason For Visit	O	1		Situational
2310	HI	External Cause of Injury	O	1		Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1		Situational
2310	HI	Other Diagnosis Information	O	2		Situational
2310	HI	Principal Procedure Information	O	1		Situational
2310	HI	Other Procedure Information	O	2		Situational
2310	HI	Occurrence Span Information	O	2		Situational
2310	HI	Occurrence Information	O	2		Situational
2310	HI	Value Information	O	2		Situational
2310	HI	Condition Information	O	2		Situational
2310	HI	Treatment Code Information	O	2		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Attending Provider Name	O	1	N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1		Situational
2710	REF	Attending Provider Secondary Identification	O	4		Situational
LOOP ID - 2310B				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Operating Physician Name	O	1	N2/2500	Situational
2710	REF	Operating Physician Secondary Identification	O	4		Situational
LOOP ID - 2310C				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Other Operating Physician Name	O	1	N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	O	4		Situational
LOOP ID - 2310D				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310E				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Service Facility Location Name	O	1	N2/2500	Situational
2650	N3	Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location	O	1		Required

2710	REF	City/State/ZIP Service Facility Secondary Identification	O	3		Situational
LOOP ID - 2310F				1	N2/2500L	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2320				10	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
3000	AMT	Remaining Patient Liability	O	1		Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
3100	OI	Other Insurance Coverage Information	O	1		Required
3150	MIA	Inpatient Adjudication Information	O	1		Situational
3200	MOA	Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A				1	N2/3250L	
3250	NM1	Other Subscriber Name	O	1	N2/3250	Required
3320	N3	Other Subscriber Address	O	1		Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1		Situational
3550	REF	Other Subscriber Secondary Information	O	2		Situational
LOOP ID - 2330B				1	N2/3250L	
3250	NM1	Other Payer Name	O	1	N2/3250	Required
3320	N3	Other Payer Address	O	1		Situational
3400	N4	Other Payer City/State/ZIP Code	O	1		Situational
3500	DTP	Claim Check Or Remittance Date	O	1		Situational
3550	REF	Other Payer Secondary Identifier	O	2		Situational
3550	REF	Other Payer Prior Authorization Number	O	1		Situational
3550	REF	Other Payer Referral Number	O	1		Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1		Situational
3550	REF	Other Payer Claim Control Number	O	1		Situational
LOOP ID - 2330C				1	N2/3250L	
3250	NM1	Other Payer Attending Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Attending Provider Secondary Identification	O	4		Required
LOOP ID - 2330D				1	N2/3250L	
3250	NM1	Other Payer Operating Physician	O	1	N2/3250	Situational

3550	REF	Other Payer Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330E				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Other Operating Physician	O	1	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330F				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Service Facility Location	O	1	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		Required
LOOP ID - 2330G				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Rendering Provider Name	O	1	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	O	4		Required
LOOP ID - 2330H				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Referring Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		Required
LOOP ID - 2330I				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Billing Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		Required
LOOP ID - 2400				<u>999</u>	<u>N2/3650L</u>	
3650	LX	Service Line Number	O	1	N2/3650	Required
3750	SV2	Institutional Service Line	O	1		Required
4200	PWK	Line Supplemental Information	O	10		Situational
4550	DTP	Date - Service Date	O	1		Situational
4700	REF	Line Item Control Number	O	1		Situational
4700	REF	Repriced Line Item Reference Number	O	1		Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		Situational
4750	AMT	Service Tax Amount	O	1		Situational
4750	AMT	Facility Tax Amount	O	1		Situational
4850	NTE	Third Party Organization Notes	O	1		Situational
4920	HCP	Line Pricing/Repricing Information	O	1		Situational
LOOP ID - 2410				<u>1</u>	<u>N2/4930L</u>	
4930	LIN	Drug Identification	O	1	N2/4930	Situational
4940	CTP	Drug Quantity	O	1		Required
4950	REF	Prescription or Compound Drug Association Number	O	1		Situational
LOOP ID - 2420A				<u>1</u>	<u>N2/5000L</u>	

5000	NM1	Operating Physician Name	O	1	N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	O	20		Situational
LOOP ID - 2420B				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Other Operating Physician Name	O	1	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20		Situational
LOOP ID - 2420C				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Rendering Provider Name	O	1	N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	O	20		Situational
LOOP ID - 2420D				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Referring Provider Name	O	1	N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20		Situational
LOOP ID - 2430				<u>15</u>	<u>N2/5400L</u>	
5400	SVD	Line Adjudication Information	O	1	N2/5400	Situational
5450	CAS	Line Adjustment	O	5		Situational
5500	DTP	Line Check or Remittance Date	O	1		Required
5505	AMT	Remaining Patient Liability	O	1		Situational
LOOP ID - 2000C				<u>>1</u>		
0010	HL	Patient Hierarchical Level	O	1		Situational
0070	PAT	Patient Information	O	1		Required
LOOP ID - 2010CA				<u>1</u>	<u>N2/0150L</u>	
0150	NM1	Patient Name	O	1	N2/0150	Required
0250	N3	Patient Address	O	1		Required
0300	N4	Patient City/State/ZIP Code	O	1		Required
0320	DMG	Patient Demographic Information	O	1		Required
0350	REF	Property and Casualty Claim Number	O	1		Situational
0350	REF	Property and Casualty Patient Identifier	O	1		Situational
LOOP ID - 2300				<u>100</u>		
1300	CLM	Claim information	O	1		Required
1350	DTP	Discharge Hour	O	1		Situational
1350	DTP	Statement Dates	O	1		Required
1350	DTP	Admission Date/Hour	O	1		Situational
1350	DTP	Date - Repricer Received Date	O	1		Situational
1400	CL1	Institutional Claim Code	O	1		Required
1550	PWK	Claim Supplemental Information	O	10		Situational
1600	CN1	Contract Information	O	1		Situational
1750	AMT	Patient Estimated Amount Due	O	1		Situational
1800	REF	Service Authorization Exception Code	O	1		Situational
1800	REF	Referral Number	O	1		Situational
1800	REF	Prior Authorization	O	1		Situational
1800	REF	Payer Claim Control Number	O	1		Situational
1800	REF	Repriced Claim Number	O	1		Situational

1800	REF	Adjusted Repriced Claim Number	O	1		Situational
1800	REF	Investigational Device Exemption Number	O	5		Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		Situational
1800	REF	Auto Accident State	O	1		Situational
1800	REF	Medical Record Number	O	1		Situational
1800	REF	Demonstration Project Identifier	O	1		Situational
1800	REF	Peer Review Organization (PRO) Approval Number	O	1		Situational
1850	K3	File Information	O	10		Situational
1900	NTE	Claim Note	O	10		Situational
1900	NTE	Billing Note	O	1		Situational
2200	CRC	EPSDT Referral	O	1		Situational
2310	HI	Principal Diagnosis	O	1		Required
2310	HI	Admitting Diagnosis	O	1		Situational
2310	HI	Patient's Reason For Visit	O	1		Situational
2310	HI	External Cause of Injury	O	1		Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1		Situational
2310	HI	Other Diagnosis Information	O	2		Situational
2310	HI	Principal Procedure Information	O	1		Situational
2310	HI	Other Procedure Information	O	2		Situational
2310	HI	Occurrence Span Information	O	2		Situational
2310	HI	Occurrence Information	O	2		Situational
2310	HI	Value Information	O	2		Situational
2310	HI	Condition Information	O	2		Situational
2310	HI	Treatment Code Information	O	2		Situational
2410	HCP	Claim Pricing/Repricing Information	O	1		Situational
LOOP ID - 2310A				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Attending Provider Name	O	1	N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1		Situational
2710	REF	Attending Provider Secondary Identification	O	4		Situational
LOOP ID - 2310B				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Operating Physician Name	O	1	N2/2500	Situational
2710	REF	Operating Physician Secondary Identification	O	4		Situational
LOOP ID - 2310C				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Other Operating Physician Name	O	1	N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	O	4		Situational
LOOP ID - 2310D				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Rendering Provider Name	O	1	N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	O	4		Situational
LOOP ID - 2310E				<u>1</u>	<u>N2/2500L</u>	
2500	NM1	Service Facility Location	O	1	N2/2500	Situational

2650	N3	Name Service Facility Location Address	O	1		Required
2700	N4	Service Facility Location City/State/ZIP	O	1		Required
2710	REF	Service Facility Secondary Identification	O	3		Situational
LOOP ID - 2310F				1	N2/2500L	
2500	NM1	Referring Provider Name	O	1	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3		Situational
LOOP ID - 2320				10	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
3000	AMT	Remaining Patient Liability	O	1		Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
3100	OI	Other Insurance Coverage Information	O	1		Required
3150	MIA	Inpatient Adjudication Information	O	1		Situational
3200	MOA	Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A				1	N2/3250L	
3250	NM1	Other Subscriber Name	O	1	N2/3250	Required
3320	N3	Other Subscriber Address	O	1		Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1		Situational
3550	REF	Other Subscriber Secondary Information	O	2		Situational
LOOP ID - 2330B				1	N2/3250L	
3250	NM1	Other Payer Name	O	1	N2/3250	Required
3320	N3	Other Payer Address	O	1		Situational
3400	N4	Other Payer City/State/ZIP Code	O	1		Situational
3500	DTP	Claim Check Or Remittance Date	O	1		Situational
3550	REF	Other Payer Secondary Identifier	O	2		Situational
3550	REF	Other Payer Prior Authorization Number	O	1		Situational
3550	REF	Other Payer Referral Number	O	1		Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1		Situational
3550	REF	Other Payer Claim Control Number	O	1		Situational
LOOP ID - 2330C				1	N2/3250L	
3250	NM1	Other Payer Attending Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Attending Provider Secondary Identification	O	4		Required

LOOP ID - 2330D				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Operating Physician	O	1	N2/3250	Situational
3550	REF	Other Payer Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330E				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Other Operating Physician	O	1	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330F				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Service Facility Location	O	1	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		Required
LOOP ID - 2330G				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Rendering Provider Name	O	1	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	O	4		Required
LOOP ID - 2330H				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Referring Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		Required
LOOP ID - 2330I				<u>1</u>	<u>N2/3250L</u>	
3250	NM1	Other Payer Billing Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		Required
LOOP ID - 2400				<u>999</u>	<u>N2/3650L</u>	
3650	LX	Service Line Number	O	1	N2/3650	Required
3750	SV2	Institutional Service Line	O	1		Required
4200	PWK	Line Supplemental Information	O	10		Situational
4550	DTP	Date - Service Date	O	1		Situational
4700	REF	Line Item Control Number	O	1		Situational
4700	REF	Repriced Line Item Reference Number	O	1		Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		Situational
4750	AMT	Service Tax Amount	O	1		Situational
4750	AMT	Facility Tax Amount	O	1		Situational
4850	NTE	Third Party Organization Notes	O	1		Situational
4920	HCP	Line Pricing/Repricing Information	O	1		Situational
LOOP ID - 2410				<u>1</u>	<u>N2/4930L</u>	
4930	LIN	Drug Identification	O	1	N2/4930	Situational
4940	CTP	Drug Quantity	O	1		Required

4950	REF	Prescription or Compound Drug Association Number	O	1		Situational
LOOP ID - 2420A				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Operating Physician Name	O	1	N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	O	20		Situational
LOOP ID - 2420B				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Other Operating Physician Name	O	1	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20		Situational
LOOP ID - 2420C				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Rendering Provider Name	O	1	N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	O	20		Situational
LOOP ID - 2420D				<u>1</u>	<u>N2/5000L</u>	
5000	NM1	Referring Provider Name	O	1	N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20		Situational
LOOP ID - 2430				<u>15</u>	<u>N2/5400L</u>	
5400	SVD	Line Adjudication Information	O	1	N2/5400	Situational
5450	CAS	Line Adjustment	O	5		Situational
5500	DTP	Line Check or Remittance Date	O	1		Required
5505	AMT	Remaining Patient Liability	O	1		Situational
5550	SE	Transaction Set Trailer	M	1		Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier	M	ID	2/2	Required
Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00'						
		<u>Code</u>	<u>Name</u>			
		00	No Authorization Information Present (No Meaningful Information in I02)			
		03	Additional Data Identification			
ISA03	I03	Security Information Qualifier	M	ID	2/2	Required
Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00'						
		<u>Code</u>	<u>Name</u>			
		00	No Security Information Present (No Meaningful Information in I04)			
		01	Password			
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required
Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ'						
		<u>Code</u>	<u>Name</u>			
		01	Duns (Dun & Bradstreet)			
		14	Duns Plus Suffix			
		20	Health Industry Number (HIN)			
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)			
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)			
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)			
		30	U.S. Federal Tax Identification Number			
		33	National Association of Insurance Commissioners Company Code (NAIC)			
		ZZ	Mutually Defined			
ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.						

ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required																				
Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified																										
TennCare Notes: Preferred value is 'ZZ'																										
<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>01</td><td>Duns (Dun & Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>							<u>Code</u>	<u>Name</u>	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined
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30	U.S. Federal Tax Identification Number																									
33	National Association of Insurance Commissioners Company Code (NAIC)																									
ZZ	Mutually Defined																									
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required																				
Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them																										
TennCare Notes: It will be TennCare's ID '626001445TC' for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.																										
ISA13	I12	Interchange Control Number	M	N0	9/9	Required																				
Description: A control number assigned by the interchange sender																										
TennCare Notes: System generated																										
ISA15	I14	Interchange Usage Indicator	M	ID	1/1	Required																				
Description: Code indicating whether data enclosed by this interchange envelope is test, production or information																										
TennCare Notes: Use 'T' for Test Transactions and 'P' for Production Transactions.																										
<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table>							<u>Code</u>	<u>Name</u>	P	Production Data	T	Test Data														
<u>Code</u>	<u>Name</u>																									
P	Production Data																									
T	Test Data																									

GS

Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required**Purpose:** To indicate the beginning of a functional group and to provide control information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
Description: Code identifying party sending transmission; codes agreed to by trading partners						
TennCare Notes: Same as ISA06.						
GS03	124	Application Receiver's Code	M	AN	2/15	Required
Description: Code identifying party receiving transmission; codes agreed to by trading partners						
TennCare Notes: Same as ISA08.						

BHT

Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT03	127	Reference Identification	O	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
TennCare Notes: Batch Control #						
BHT06	640	Transaction Type Code	O	ID	2/2	Required
Description: Code specifying the type of transaction						
Fee for Service Notes:						
Error Message: BHT06 code Invalid. Valid Transaction Type Code for TennCare is 'CH'.						
Description: Valid Transaction Type Code for TennCare is 'CH'						
		<u>Code</u>	<u>Name</u>			
		31	Subrogation Demand			
		CH	Chargeable			
		RP	Reporting			

NM1 Submitter Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Required

Description: Code identifying a party or other code

TennCare Notes: This value will be the Trading Partner ID/Submitter ID. Same as ISA06.

NM1 Receiver Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required

Description: Individual last name or organizational name

TennCare Notes: TENNCARE

NM109	67	Identification Code	X	AN	2/80	Required
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Description: Code identifying a party or other code

TennCare Notes: Receiver Code. Same as ISA08. '626001445TC'

PRV Billing Provider Specialty Information

Pos: 0030	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV03	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

TennCare Notes: Taxonomy code is required on FFS.

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

N3**Billing Provider Address**

Pos: 0250	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required**Purpose:** To specify the location of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required

Description: Address information**Fee for Service Notes:** This is the submitter's address/the billing provider's address for FFS claims.**N4****Billing Provider City, State, ZIP Code**

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

User Option (Usage): Required**Purpose:** To specify the geographic place of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational

Description: Code identifying the country**Fee for Service Notes:****Error Message:** Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.**Description:** If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.**ExternalCodeList****Name:** 5**Description:** Countries, Currencies and Funds**REF****Billing Provider Tax Identification**

Pos: 0350	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required**Purpose:** To specify identifying information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification**TennCare Notes:** 5010 Valid Value: 'EI' required**Code**

EI

Name

Employer's Identification Number

NM1 Pay-to Address Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual TennCare Notes: Pay-to provider can be sent sometimes on TennCare						
		<u>Code</u>		<u>Name</u>		
		87		Pay-to Provider		

N4 Pay-to Address City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational
Description: Code identifying the country Fee for Service Notes: Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States. Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.						
<u>ExternalCodeList</u>						
Name: 5						
Description: Countries, Currencies and Funds						

N4 Pay-To Plan City/State/Zip Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AC	Elements: 5

User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational
Description: Code identifying the country Fee for Service Notes: Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States. Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP',						

'AS' (United States /US Territories) set the edit.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

SBR Subscriber Information

Pos: 0050	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 5

User Option (Usage): Required

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																										
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Fee for Service Notes: 'P' or 'S' or 'T' required	M	ID	1/1	Required																										
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>A</td><td>Payer Responsibility Four</td></tr><tr><td>B</td><td>Payer Responsibility Five</td></tr><tr><td>C</td><td>Payer Responsibility Six</td></tr><tr><td>D</td><td>Payer Responsibility Seven</td></tr><tr><td>E</td><td>Payer Responsibility Eight</td></tr><tr><td>F</td><td>Payer Responsibility Nine</td></tr><tr><td>G</td><td>Payer Responsibility Ten</td></tr><tr><td>H</td><td>Payer Responsibility Eleven</td></tr><tr><td>P</td><td>Primary</td></tr><tr><td>S</td><td>Secondary</td></tr><tr><td>T</td><td>Tertiary</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	<u>Code</u>	<u>Name</u>	A	Payer Responsibility Four	B	Payer Responsibility Five	C	Payer Responsibility Six	D	Payer Responsibility Seven	E	Payer Responsibility Eight	F	Payer Responsibility Nine	G	Payer Responsibility Ten	H	Payer Responsibility Eleven	P	Primary	S	Secondary	T	Tertiary	U	Unknown				
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H	Payer Responsibility Eleven																															
P	Primary																															
S	Secondary																															
T	Tertiary																															
U	Unknown																															
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities TennCare Notes: '18' required if the patient is a subscriber or a dependent.	O	ID	2/2	Situational																										
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>18</td><td>Self</td></tr></table>	<u>Code</u>	<u>Name</u>	18	Self																										
<u>Code</u>	<u>Name</u>																															
18	Self																															
SBR09	1032	Claim Filing Indicator Code Description: Code identifying type of claim Fee for Service Notes: 'DS'	O	ID	1/2	Situational																										
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>11</td><td>Other Non-Federal Programs</td></tr><tr><td>12</td><td>Preferred Provider Organization (PPO)</td></tr><tr><td>13</td><td>Point of Service (POS)</td></tr><tr><td>14</td><td>Exclusive Provider Organization (EPO)</td></tr><tr><td>15</td><td>Indemnity Insurance</td></tr><tr><td>16</td><td>Health Maintenance Organization (HMO) Medicare Risk</td></tr><tr><td>17</td><td>Dental Maintenance Organization</td></tr><tr><td>AM</td><td>Automobile Medical</td></tr><tr><td>BL</td><td>Blue Cross/Blue Shield</td></tr><tr><td>CH</td><td>Champus</td></tr></table>	<u>Code</u>	<u>Name</u>	11	Other Non-Federal Programs	12	Preferred Provider Organization (PPO)	13	Point of Service (POS)	14	Exclusive Provider Organization (EPO)	15	Indemnity Insurance	16	Health Maintenance Organization (HMO) Medicare Risk	17	Dental Maintenance Organization	AM	Automobile Medical	BL	Blue Cross/Blue Shield	CH	Champus								
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BL	Blue Cross/Blue Shield																															
CH	Champus																															

CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

NM1 Subscriber Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67)						
Fee for Service Notes: 'II' required						
		<u>Code</u> <u>Name</u>				
		II Standard Unique Health Identifier for each Individual in the United States				
		MI Member Identification Number				
NM109	67	Identification Code	X	AN	2/80	Situational
Description: Code identifying a party or other code						
Fee for Service Notes:						
Error Message:						
TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.						
Description:						
2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11						

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: HP assigned ICN when an adjustment or a void is sent.

NTE Billing Note

Pos: 1900	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE02	352	Description	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content

TennCare Notes: Sub-component 1(required): date-time stamp: CCYYMMDDhhmmssnn (up to 16 digits) "/" 2(optional) "paper" for paper claims, "/" 3(Choices optional) valid values UC, UD, 01, 02, 03 (multiples allowed) i.e. 2007082209200112/PAPER/UD0103 2007082209200112//UC02.

PRV Attending Provider Specialty Information

Pos: 2550	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV03	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Taxonomy Code is required on FFS claims.

ExternalCodeList

Name: 682

Description: Health Care Provider Taxonomy

REF Attending Provider Secondary Identification

Pos: 2710 Max: 4
Detail - Optional
Loop: 2310A Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
Description: Code qualifying the Reference Identification						
Fee for Service Notes: 'LU' Required						
		<u>Code</u> <u>Name</u>				
		0B State License Number				
		1G Provider UPIN Number				
		G2 Provider Commercial Number				
		Description: A unique number assigned to a provider by a commercial insurer				
		LU Location Number				

REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
Fee for Service Notes: Facility Code						

REF Operating Physician Secondary Identification

Pos: 2710 Max: 4
Detail - Optional
Loop: 2310B Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
Fee for Service Notes: Medicaid ID is required.						

REF Other Operating Physician Secondary Identification

Pos: 2710 Max: 4
Detail - Optional
Loop: 2310C Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
Fee for Service Notes: Medicaid ID is required.						

REF	Rendering Provider Secondary Identification	Pos: 2710 Max: 4 Detail - Optional Loop: 2310D Elements: 2
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User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: <i>Medicaid ID is required.</i>						

N4	Service Facility Location City/State/ZIP	Pos: 2700 Max: 1 Detail - Optional Loop: 2310E Elements: 5
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User Option (Usage): Required

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N404	26	Country Code	X	ID	2/3	Situational
Description: Code identifying the country Fee for Service Notes: Error Message: <i>Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.</i> Description: <i>If the Provider has a country code N404 other than 'US', 'PR', 'VI', 'GU', 'MP', 'AS' (United States /US Territories) set the edit.</i>						
ExternalCodeList Name: 5 Description: Countries, Currencies and Funds						

REF	Service Facility Secondary Identification	Pos: 2710 Max: 3 Detail - Optional Loop: 2310E Elements: 2
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User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Fee for Service Notes: <i>Medicaid ID is required.</i>						

REF Referring Provider Secondary Identification

Pos: 2710 Max: 3
Detail - Optional
Loop: 2310F Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

REF Other Payer Operating Physician Secondary Identification

Pos: 3550 Max: 4
Detail - Optional
Loop: 2330D Elements: 2

User Option (Usage): Required
Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

REF Other Payer Other Operating Physician Secondary Identification

Pos: 3550 Max: 4
Detail - Optional
Loop: 2330E Elements: 2

User Option (Usage): Required
Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

REF Other Payer Service Facility Location Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330F Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required.

REF Other Payer Referring Provider Secondary Identification

Pos: 3550 Max: 3
Detail - Optional
Loop: 2330H Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: Medicaid ID is required.

SV2 Institutional Service Line

Pos: 3750 Max: 1
Detail - Optional
Loop: 2400 Elements: 6

User Option (Usage): Required

Purpose: To specify the service line item detail for a health care institution

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV205	380	Quantity	X	R	1/15	Required

Description: Numeric value of quantity

Fee for Service Notes:

Error Message: Service Line Quantity Cannot Be Less Than or Equal to Zero

Description: If the service line Quantity amount is equal to zero or less than zero, set the edit. 8371 (2400 SV205).

LIN Drug Identification

Pos: 4930	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

Purpose: To specify basic item identification data

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
LIN02	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) TennCare Notes: <i>LIN segment required for all J-codes.</i>	M	ID	2/2	Required				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N4</td><td>National Drug Code in 5-4-2 Format</td></tr></table> Description: <i>5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</i>	<u>Code</u>	<u>Name</u>	N4	National Drug Code in 5-4-2 Format				
<u>Code</u>	<u>Name</u>									
N4	National Drug Code in 5-4-2 Format									
LIN03	234	Product/Service ID Description: Identifying number for a product or service TennCare Notes: <i>11 bytes required for NDC code.</i>	M	AN	1/48	Required				
		ExternalCodeList Name: 240 Description: National Drug Code by Format								

CTP Drug Quantity

Pos: 4940	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Required

Purpose: To specify pricing information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CTP04	380	Quantity	X	R	1/15	Required
Description: Numeric value of quantity TennCare Notes: <i>CTP segment required when LIN is present.</i>						

REF Operating Physician Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420A	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier TennCare Notes: <i>Medicaid ID is required.</i>						

REF Other Operating Physician Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420B	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

REF Rendering Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420C	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

REF Referring Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420D	Elements: 3

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	Reference Identification	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Fee for Service Notes: *Medicaid ID is required.*

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 6

User Option (Usage): Situational

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVD05	380	Quantity	O	R	1/15	Required

Description: Numeric value of quantity

TennCare Notes:

-999,999.99 <= values >= 999,999.99

PAT Patient Information

Pos: 0070	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 1

User Option (Usage): Required

Purpose: To supply patient information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PAT01	1069	Individual Relationship Code	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

Fee for Service Notes: In TennCare, the only non-subscriber patient (dependant) allowed is a new born of less than 30 days old. It can happen in both Encounters and FFS.

<u>Code</u>	<u>Name</u>
01	Spouse
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

Description: Dependent between the ages of 0 and 19; age qualifications may vary depending on policy

Description: Individual receiving medical service in order to donate organs for a transplant

Description: Deceased individual donating body to be used for research or transplants

NM1 Patient Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 6

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Fee for Service Notes: Loop 2000CA will be mapped when newborns are reported under mother's SSN, which can be for both Encounters and FFS.

<u>Code</u>	<u>Name</u>
QC	Patient

Description: Individual receiving medical care

DMG Patient Demographic Information

Pos: 0320	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 3

User Option (Usage): Required

Purpose: To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG02	1251	Date Time Period	X	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Fee for Service Notes: New born's DOB